



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hunter L. Reap

Group Art Unit: 3732

Serial Number: 10/711,694

Examiner:

Filed: September 30, 2004

For: DENTAL TOOL

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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UNDER 37 C.F.R. § 1.56 AND 37 C.F.R. § 1.97**

It is respectfully requested that the documents listed on the attached Form PTO/SB/08A be considered by the Patent and Trademark Office in the above-referenced application and made of record therein. A full text copy of the relevant foreign document is enclosed. This information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last.

Respectfully submitted,

By:

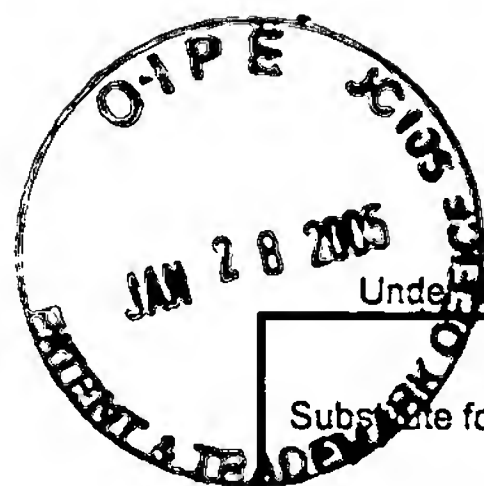
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Laura McCullen



PTO/SB/08a (08-03)

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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | Complete if Known | |
| | | | Application Number | 10/711,694 |
| | | | Filing Date | September 30, 2004 |
| | | | First Named Inventor | Hunter L. Reap |
| | | | Art Unit | 3732 |
| Sheet 1 of 1 | Examiner Name | | | |
| | Attorney Docket Number | 014862-000001 | | |

| U.S. PATENT DOCUMENTS | | | | | | |
|-----------------------|-----------------------|--|--|--------------------------------|--|---|
| Examiner Initials' | Cite No. ¹ | Document Number | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number-Kind Code ² (if known) | | | | |
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| | C | US- D491,311 | | 06/08/2004 | Follo | |
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|--------------------------|-----------------------|---|--------------------------------|--|---|----------------|
| Examiner Initials' | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ –Number ⁴ –Kind Code ⁵ (if known) | | | | |
| | P | WO 9203105 | 03/05/1992 | Wall | | |
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| Examiner Signature | | Date Considered | |
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|--|---|---|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/711,694 |
| | | Filing Date | September 30, 2004 |
| | | First Named Inventor | Hunter L. Reap |
| | | Group Art Unit | 3732 |
| | | Examiner Name | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 014862-000001 |
| ENCLOSURES (check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Copy of 1 Cited Foreign Reference; and Acknowledgment Postcard. | |
| | | Remarks | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | MICHAEL G. JOHNSTON MOORE & VAN ALKEN PLLC | | |
| Signature | | | |
| Date | 1-26-05 | | |

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| Typed or printed name | Laura McCullen | | |
| Signature | | Date | 1-26-05 |

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